



4400 Bayou Blvd 58-B, Pensacola, FL 32503

Call or Text 850-473-3983

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www.PensacolaRealtyMasters.com

Realty Masters of FL NEW VENDOR PACKET

Thank you for your interest in being a Realty Masters approved vendor!

With over 900 rental properties, we are always in need of reliable vendors to work on our rental properties. We invite you to join our vendor network by completing the attached vendor packet.

We will need for you to provide us with the following information to complete your registration with our company.

1. ____ A copy of your business license for counties your business operates in
2. ____ A copy of your Certificate of Liability Insurance
3. a. ____ Proof of Workers Compensation coverage **OR**
b. ____ Valid Workers Compensation Exempt card **AND** C. ____ Vendor Liability Statement (attached)
4. ____ W-9 Tax form (attached)
5. ____ Vendor Information Form (attached)
6. ____ Vendor Broker Agreement (attached)
7. ____ EPA Certification, if applicable (yes / no)

Return this checklist with your new vendor packet. An incomplete package will not be considered.

Please note that some of the forms require them to be executed in front of a notary. We do have a notary on staff so feel free to call ahead to schedule a time to get these documents notarized at our office.

Realty Masters is regularly audited by our workers compensation insurance provider. In order for us to operate with a good Workers Compensation insurance status and to continue to pay your company as a vendor, we will need your help in maintaining your records over time. Please be sure to notify your insurance company to provide us with policy changes or new policy information.

Please contact our office should you have any further questions. You reach contact us Monday – Friday at (850) 473 3983 or email us at info@PensacolaRealtyMasters.com. We look forward to working with you!

Updated January 2023

Realty Masters of FL VENDOR INFORMATION FORM

VENDOR NAME _____ CONTACT _____
ADDRESS _____
PHONE _____ FAX _____
EMAIL _____

LEGAL COMPANY NAME _____
FEDERAL TAX I.D. NUMBER _____
BUSINESS LICENSE NUMBER(S) _____

LIABILITY INS. CARRIER _____
POLICY NUMBER(S) _____
WORKERS COMPENSATION _____
POLICY NUMBERS _____

TYPE OF ENTITY CORP _____ PSHIP _____ SOLE PROP _____ **ARE YOU EPA CERTIFIED?** YES / NO

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT AND THAT I AM AN AUTHORIZED COMPANY REPRESENTATIVE. I AGREE THAT I WILL NOT HOLD THE PROPERTY MANAGEMENT COMPANY, ITS AGENTS, EMPLOYEES OR ASSIGNS LIABLE FOR THE PAYMENT FOR ANY WORK PERFORMED OR MATERIALS PROVIDED FOR THE PROPERTIES WHICH ARE OR WERE MANAGED BY THE PROPERTY MANAGEMENT COMPANY. I AGREE TO SUBMIT INVOICES FOR WORK PERFORMED WITHIN THIRTY (30) DAYS OF COMPLETION OF THE WORK.

EXECUTED this _____ day of _____ 20_____

VENDOR SIGNATURE

VENDOR PRINTED NAME

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____ 20____ THE ABOVE SIGNATORIES WHO DID NOT TAKE AN OATH AND ARE _____ PERSONALLY KNOWN TO ME OR _____ PRODUCED THE FOLLOWING FORM OF ID _____

NOTARY PUBLIC SIGNATURE

(SEAL HERE)

PRINTED NAME

COMMISSION# _____ COMMISSION EXPIRATION DATE ____/____/____

Realty Masters of FL VENDOR / BROKER AGREEMENT

This agreement is made this ____ day of _____ 20__ by and between **Realty Masters of FL**, hereinafter BROKER and _____, hereinafter VENDOR.

VENDOR agrees that BROKER has no ownership interest in the properties managed by BROKER. VENDOR agrees that BROKER is an agent of the respective owners of the managed properties. VENDOR agrees to hold BROKER, its employees, agents and assigns harmless for any failure of any property owner to pay for services, supplies, parts, material and/or labor ordered by owner and/or BROKER on behalf of or at the request of owner. VENDOR agrees that they shall do no other work on the property other than that specifically ordered and approved by owners and/or BROKER. VENDOR understands and agrees that the Tenant(s) have no authority whatsoever to order any work to be done on the rental premises.

VENDOR agrees to look solely to the owner of the premises where services are performed in the event of any outstanding balances and/or disputes. Owner's name and address will be provided upon request. VENDOR agrees to submit invoices to BROKER for work performed within thirty (30) days of completion of the work.

VENDOR agrees and affirms that it carries the proper insurance, licenses, and permits necessary to legally carry out the requested services and agrees to hold BROKER, its employees, agents and assigns harmless for any injuries suffered by or damages suffered by VENDOR, its employees, agents and/or assigns arising out of performance of the requested services.

EXECUTED this ____ day of _____ 20__

VENDOR

BROKER

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____ 20__ THE ABOVE SIGNATORIES WHO DID NOT TAKE AN OATH AND ARE ____ PERSONALLY KNOWN TO ME OR ____ PRODUCED THE FOLLOWING FORM OF ID _____

NOTARY PUBLIC SIGNATURE

(SEAL HERE)

PRINTED NAME

COMMISSION# _____ COMMISSION EXPIRATION DATE ____/____/____

Realty Masters of FL VENDOR LIABILITY STATEMENT

I, _____, AGREE THAT I AM AN INDEPENDENT CONTRACTOR WORKING UNDER A WORKERS COMPENSATION "EXEMPT" STATUS.

I AGREE THAT I WILL NOT BRING ANY OTHER WORKERS OR FAMILY MEMBERS TO WORK AT JOB SITES ASSIGNED TO ME BY REALTY MASTERS OF FLORIDA.

VIOLATION OF THIS AGREEMENT WILL RESULT IN THE TERMINATION OF ANY WORK BEING ASSIGNED TO YOU BY REALTY MASTERS UNTIL PROOF OF WORKERS COMPENSATION INSURANCE IS PROVIDED.

EXECUTED this _____ day of _____ 20_____

VENDOR SIGNATURE

VENDOR PRINTED NAME

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____ 20__ THE ABOVE SIGNATORIES WHO DID NOT TAKE AN OATH AND ARE ____ PERSONALLY KNOWN TO ME OR ____ PRODUCED THE FOLLOWING FORM OF ID _____

NOTARY PUBLIC SIGNATURE

(SEAL HERE)

PRINTED NAME

COMMISSION# _____ COMMISSION EXPIRATION DATE ___/___/___